



Enter your transmittal number

W204096

Transmittal Number

Your unique Transmittal Number can be accessed online: <http://mass.gov/dep/service/online/transmfrm.shtml> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

210266

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application.
Copy 2 must accompany your fee payment.
Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

* Note:
For BWSC Permits,
enter the LSP.

A. Permit Information

BWP IW 39

Permit for Industrial Sewer Discharge

1. Permit Code: 7 or 8 character code from permit instructions

2. Name of Permit Category

Industrial Sewer User in Non-IPP POTW

3. Type of Project or Activity

JAN 14 2007

B. Applicant Information - Firm or Individual

Tufts University School of Veterinary Medicine

1. Name of Firm - Or, if party needing this approval is an individual enter name below:

2. Last Name of Individual
200 Westborough Road

3. First Name of Individual

4. MI

5. Street Address

North Grafton

MA

01536

508-839-7921

6. City/Town

7. State

8. Zip Code

9. Telephone #

10. Ext. #

Joseph Chilton

joseph.chilton-jr@tufts.edu

11. Contact Person

12. e-mail address (optional)

C. Facility, Site or Individual Requiring Approval

Tufts University School of Veterinary Medicine

1. Name of Facility, Site Or Individual

200 Westborough Road

2. Street Address

North Grafton

MA

01536

508-839-7921

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

8. DEP Facility Number (if Known)

042-103-634

9. Federal I.D. Number (if Known)

10. BWSC Tracking # (if Known)

D. Application Prepared by (if different from Section B)*

Capaccio Environmental Engineering

1. Name of Firm Or Individual

293 Boston Post Road West

2. Address

Marlborough

MA

01752

508-930-0033

121

3. City/Town

4. State

5. Zip Code

6. Telephone #

7. Ext. #

Wayne Bates

8. Contact Person

9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no

If yes, enter the project's EOE file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

Special Provisions:

1. ☐ Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).

There are no fee exemptions for BWSC permits, regardless of applicant status.

2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).

3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).

4. ☐ Homeowner (according to 310 CMR 4.02).

\$ 1605

Check Number

Dollar Amount

Date

DEP Use Only

Permit No:

Rec'd Date:

Reviewer: